

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024307

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 311

Primary Registration District No. 6052

Registrar's No. 34

STATE FILE NUMBER

FILED JUN 20 1962

1. PLACE OF DEATH

a. COUNTY

ST CLAIR

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Appleton City

Length of stay in 1b

59 yr

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

None

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

ST. CLAIR

c. CITY
OR
TOWN

Appleton City

Inside Limits
Yes ☐ No ☒d. STREET
ADDRESS

8 Main. S.E.

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHARLIE

BEARD

4. DATE
OF
DEATH

Month

Day

Year

June 14 - 62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 23-79

9. AGE (last birthday)

82

IF UNDER 1 YEAR

Months

Days

Hours

Min.

8

21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FORT BLACKMORE

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

John K BEARD

13b. MOTHER'S MAIDEN NAME

MARTHA BOATRIGHT

14. NAME OF HUSBAND OR WIFE

2da BEARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

38a 2da BEARD Appleton City Mo

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY OCCLUSION

INTERVAL BETWEEN
ONSET AND DEATH

SHARP

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE CHRONIC.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to now and last saw him alive on June 13 1962

Death occurred at 00A 3:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

R. H. Brownberger MD

22b. ADDRESS

Appleton City, Mo.

22c. DATE SIGNED

June 15 1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

6-16-62

23c. NAME OF CEMETERY OR CREMATORY

Appleton City Mo

23d. LOCATION (City, town, or county)

Appleton City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ocean Funeral Home Appleton City Mo

25. DATE REC'D. BY LOCAL REG.

June 15 1962

26. REGISTRAR'S SIGNATURE

Clem Abbey

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0930

2 0930

3 1

4 0

5 1

6

7 1

8 0

9 4200

10

11

12 90-0

13 1-0

JUN 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, Mo.

Note: The above. MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.